



DIALOGUES

Commentary on “The Empathic Migrant”

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In “The Empathic Migrant” Aragona et al. (2020) explore the experience of empathy in male African refugees and asylum seekers in Italy with a diagnosis of PTSD (N=20). All participants were forced migrants who experienced trauma in their respective home countries and very likely during their crossing through Libya and across the Mediterranean. The authors demonstrate sensitivity to potential cultural differences in the experience of trauma and empathy and make a valuable contribution with a potentially positive impact on culturally informed trauma treatment. The paper evaluates previous studies on empathy and PTSD which have demonstrated the impairment of empathy in traumatized individuals. This informs their hypothesis that empathy is impaired in African refugees suffering from PTSD, too. Their findings, however, are contrary to this: the participants exhibit well-preserved empathy.

Although I do believe that there are cultural differences in the experience of trauma and the expression of post-traumatic distress (cf. Wilde, 2020), I think that the difference in impact on empathy found here, compared with previous studies, is more likely to be due to the administration of a different questionnaire and, by extension, a different notion of empathy, than the origin of the participants. The authors point out that participants came from 9 different sub-Saharan countries and were both Christians and Muslims. Cultural backgrounds, systems of belief, and world views are therefore likely to differ amongst the subjects.

In the publication cited by the authors, I theorize that empathy may be impacted in individuals diagnosed with PTSD. I am

drawing on a thin, phenomenological notion of empathy as a pre-reflective mode of perception and argue that in some situations, traumatized individuals may cease to experience the other as another subject that offers possibilities for interaction (Wilde, 2019; cf. Stein, 1917, p. 53). The Interpersonal Reactivity Index (IRI) administered by the authors suggests a different understanding of empathy as encompassing four dimensions: perspective taking, fantasy, empathic concern and personal distress (Davis, 1980). Indeed, another study that administered the IRI to PTSD patients showed similar results (Aragona et al., 2020, p. 59; Nietlisbach et al., 2010). I am therefore in agreement with the suggestion made by the authors that patients with PTSD might experience disturbances in some empathic abilities but not others. This might explain the divergence of findings in studies using different notions of empathy. Indeed, a qualitative study on the phenomenology of post-traumatic experiences of intersubjectivity I conducted in 2020 points towards a similar pattern of heightened empathy understood in the more colloquial sense of the term which is reflected in the IRI.

Hence, I assume that findings depend more on the theoretical frontloading of the respective study, specifically the notion of empathy, than the participants’ countries of origin. This is not to say that differing belief systems and world views should not be taken into account, as they may impact on the individual’s interpersonal experience. Further research involving a detailed analysis of the kind of empathy at play and how it is impacted through trauma across cultures promises to yield interesting insights.

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